MEMBERSHIPS THE RECREATION CENTER - LAKE JACKSON					Racquetball	Weight Room	Gymnasium	Group X	Fitness on Demand	Zone nos2yrs.)	g KidZone mos 7 yrs.)
FULL MEMBERSHIP	Annual	Monthly Draft	90 Day	Pool	Rac	₩e	6	35	EF.	δa 6-6	89 89
Family Individual Senior Couple Ind . Senior Ind . Student/Military Active Military Family	\$440* \$330* \$330* \$275* \$275* \$330*	\$40 \$30 \$30 \$25 \$25 \$30	\$120 \$90 \$90 \$75 \$75 \$90	11111	111111	111111	111111	11111	11111	11 1	1
FITNESS MEMBERSHIP	Annual	Monthly Draft	90 Day								
Family Individual Senior Couple Ind. Senior Ind. Student/Military Active Military Family	\$330* \$225* \$225* \$220* \$220* \$275*	\$30 \$25 \$25 \$25 \$20 \$20 \$25	\$90 \$75 \$75 \$60 \$60 \$75		111111	11111	11111				
* Paid	d in full amounts ref	lect a discounted price.									راــــا

Membership Descriptions:

(Proof may be required to qualify for memberships)

Family (Immediate Dependents Only)

Individual (18-59 years of age)

Senior Couple (Both parties must be 60+ years of age)

Ind. Senior (60+ years of age) Ind. Student (Under 18 years of Age)/Military (Active)

Active Military Family (Immediate Dependents Only)

Non-Member General Admission Fees

• \$4 per child (ages 3-17) • \$4 per senior (age 60+) • \$6 per adult

Methods of Payment

- Cash, Check, Bank Draft, MasterCard, Visa and Discover
- Financial Assistance (for Lake Jackson residents only)
- To make an appointment contact Jennifer Fields (979)297-4533.

For more information about memberships contact The Recreation Center - Lake Jackson (979)297- 4533 or email: mdoyle@lakejacksontx.gov.

MEMBERSHIP CARD MUST BE PRESENTED AT EACH VISIT If membership card is unavailable, the cost will be \$3 per person for a replacement card.

Name:					
		First	Middle Initial		Last
Address:					
	House #	Street	City	State	Zip Code
Phone Number	ers:				
		Home Phone	Work Phone	Emergency N	lame and Contact Number
Email:					

Please list the names of **immediate dependent** family members to be included in membership including applicant Children 18 yrs and older must be carried on your income tax to be listed as an immediate dependent

Name	Relationship	Date of Birth	School (if child)	Allergies/Meds	Doctor Phone
	SELF				

Do you or any of your family have special needs?

I hereby acknowledge that this information is true and correct. All persons listed are members of my immediate dependent family. I recognize that I am participating at my own risk to injury, and neither the City of Lake Jackson, Parks and Recreation Department nor its affiliates carry insurance to cover my immediate family or me. Insurance is the responsibility of the individual participant. This registration verifies that my family's and my health and fitness is acceptable to participate in activities at this Parks and Recreation Department facility and that I do not hold the City of Lake Jackson Parks and Recreation Department or its employees responsible for accident or injury. Also, I understand that due to scheduled programs and activities, access may be limited to components of the facility which house these programs or activities. I consent and authorize the City of Lake Jackson to use my or my family member's photograph for public relations purposes related to the Lake Jackson Parks & Recreation Department. I also understand that The Recreation Center - Lake Jackson DOES NOT REFUND MEMBERSHIPS, nor are promotional memberships eligible for a refund.

Signature			Date	
Date Form of pmt	Office use Pmt Amount	e only Emp Initial	Membership Type	

	Type of Membership	Rate per Month	Amount Charged
Membership Rate			
Lockers	All memberships qualify	\$3.00 per month per locker	
		Total Monthly	
		Draft Amount	

Drivers License Number	_ Employer
Bank Name	
Bank Address (City and State)	
Name of Spouse	
Bank Account Number TO BE CHARGED MONTHLY	
Bank Account Routing Number TO BE CHARGED MONTHLY	

MUST ATTACH COPY OF A VOIDED CHECK- NO DEPOSIT SLIPS OR BANK ID CARDS ACCEPTED



 I authorize the City of Lake Jackson to begin deductions for my monthly membership fee with the financial
institution named.
 I understand that both my financial institution and the City of Lake Jackson have the right to terminate this
payment plan or my participation therein.
 If I elect to cancel or change banks, I will notify the City of Lake Jackson Parks and Recreation Department
in writing.
 Enrollment in the automatic payment plan (APP) may be discontinued any time, after a minimum of 90
days participation, by sending a written request to the City of Lake Jackson Parks and Recreation

- days participation, by sending a **written request** to the City of Lake Jackson Parks and Recreation Department.
- __ This authorization will remain in effect until revoked by me, my financial institution, or the City of Lake Jackson.
- You are responsible for paying the pro-rated portion of the first month when we obtain your application.
- Your automatic payment is processed the <u>first Friday of each month</u> beginning the first full month of your membership, and typically comes out of your bank account within 1-3 business days following.
- There is a **minimum of three months** for the automatic payment plan.
- Draft memberships <u>must be cancelled in writing 14 days prior</u> to draft date to avoid further charges.
- Returned payments will result in the cancellation of your membership and a fee of \$25.00 will be assessed. If you receive THREE (3) returned payments in the course of 1 year, you will no longer be eligible for the Monthly Auto Draft program.

Please direct any questions regarding your membership fees to the City of Lake Jackson Parks and Recreation Department at mdoyle@lakejacksontx.gov or (979) 297-4533.